



**ARKANSAS DIVISION OF CHILD CARE AND  
EARLY CHILDHOOD EDUCATION  
ARKANSAS DEPARTMENT OF HUMAN SERVICES**



Donaghey Plaza South MS S160 Phone: 501-682-9699/1-800-445-3316  
700 Main Street Fax: 501-682-4897  
P.O. Box 1437 [www.state.ar.us/childcare](http://www.state.ar.us/childcare)  
Little Rock, Arkansas 72203-1437

January 2004

## **CPR AND FIRST AID TRAINING GRANT**

The Division of Child Care and Early Childhood Education has a training grant for CPR and First Aid that is available to all licensed and registered child care providers. This training grant is made possible through the Child Care Development Fund.

The purpose of the grant is to improve the quality of early childhood programs in the state of Arkansas through CPR and First Aid opportunities for the persons who work in those programs. Grants are available for both child care centers and child care family homes, profit and non-profit operations annually. Participants must be a full or part time employee of these programs.

CPR and First Aid training grants are available throughout the year until funds set-aside by the Division of Child Care and Early Childhood Education are expended.

Funds will be released in the following manner:

- ❖ **The training organization/program is to submit an invoice after the class is held. You must provide the instructor with an approval letter prior to taking the training course or payment will not be made.**
- ❖ Checks will be sent to the training organization/program where you are registered. (We must have the complete name and address of the training organization/program where you are registered.)

The Division of Child Care and Early Childhood Education is committed to ensuring that early childhood professionals have quality staff development opportunities and is pleased to be able to assist you in receiving CPR certification for your staff.

**To apply for a CPR and First Aid training grant, complete both the front and back of the attached application.**

**All applications must be received in our office at least two weeks prior to the training date! Faxed applications will not be accepted!**

If you have any questions or need assistance in completing this application, please contact Nancy Pearlstein at 501-682-9699.

Funds are available to child care facilities annually in the following manner:

	<b>Licensed Capacity</b>									
# of employees grant will fund annually	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
	2	3	4	5	6	7	8	9	10	11

- ❖ For example, if you are licensed for 25, the grant will fund 4 employees per year.
- ❖ Child care facilities licensed for 101 or more may add one employee for each additional 10 the facility is licensed for. For example, if you are licensed for 145 the grant will fund 16 employees per year.

**A COPY OF YOUR CURRENT CHILD CARE LICENSE OR A LETTER FROM YOUR LICENSING SPECIALIST MUST BE ATTACHED FOR YOUR APPLICATION TO BE CONSIDERED.**

Return completed applications at least **two weeks prior** to training date to:

Division of Child Care and Early Childhood Education  
Attn: CPR/First Aid Training Grant  
P.O. Box 1437, Slot S-160  
Little Rock, AR 72203



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Division of Child Care and Early Childhood Education  
CPR and First Aid Training Grant Application

The Division of Child Care and Early Childhood Education has a training grant to pay for the registration costs of CPR and First Aid training. This application must be completed and returned to the address listed, **with a copy of your license or letter from your licensing specialist**, at least **two weeks prior** to the date of training for consideration. A letter notifying you of the acceptance or denial of this application will be mailed directly to you. **This letter must be provided to the CPR instructor prior to taking the course. (This is your responsibility!)**

**Funds for child care facilities are limited, please refer to the chart on the previous page to determine the number of employees the grant will fund annually.**

CHILD CARE FACILITY:

\_\_\_\_\_

DIRECTOR: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_ LICENSE CAP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: AR ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

List the employees from your facility that are full or part time employees along with their social security number that want to register for the training. (Use additional pages as necessary.)

<u>EMPLOYEE NAME</u>	<u>SSN# OF EMPLOYEE</u>	<u>REGISTRATION AMOUNT</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

TOTAL OF CPR/FIRST AID TRAINING GRANT REQUESTED:  
\$ \_\_\_\_\_

**CPR/First Aid Training provided by:**

Training Organization/Program: \_\_\_\_\_  
(i.e., American Red Cross, American Heart Association)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ CPR  
Instructor: \_\_\_\_\_

Date of Training: \_\_\_\_\_

I do hereby state and affirm that the CPR/First Aid training grant application as submitted is a true and accurate request and if awarded the training grant, employees listed in this application will attend the session.

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

**A COPY OF YOUR CURRENT CHILD CARE LICENSE OR LETTER  
FROM YOUR LICENSING SPECIALIST MUST BE ATTACHED FOR  
YOUR APPLICATION TO BE CONSIDERED.**

**FAXED APPLICATIONS WILL NOT BE ACCEPTED!**

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